DO NOT DETACH DO NOT DETACH	ENTRY BLANK
	PLEASE TYPE OR PRINT
	XMs. Time DI SALOMANI
	Mr. Artist JUDITH SACOMON
	(Last Name Last)
	Address 3448 LYNNHELO RO
	SHAKER HTS OHTO
	44122 Daytime Tel. (78) 216-751-4794
	Zip Area Code
	Temporary or Studio Address
	Street City
	Daytime Tel. ()
	Zip Area Code
	If you do not presently live in one of the counties of the
	Western Reserve, in which county were you born?
	Collaborator
	(If Any)
	If May Show entries are not accepted or not sold:
	Artist will pick up at Museum. Museum should dispose of.
	☐ Museum should ship to artist at artist's expense
	to this address:
	Special Instructions
	When necessary include below instructions or a drawing of how
	the object is to be assembled and displayed.
	This Entry Blank must be fully made out and signed. Unsigned Entry Blanks will not be accepted.
	Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.
	It is also understood that accepted objects will remain on exhibition until July 21, 1985.
	The submission of objects will be construed as an acceptance by the artist of all terms and conditions printed in the Entry Information.
	Signature Jumm Ja/mu